Appendix E: Child Health Screening Record

To be completed by a nurse or trained professional – not the First Class Pre-K Teacher or Program Director.

Class Name: _____ County: _____

Student Name: _____ Date of Birth: ____/____/____

Last *First* *Middle*

VISION

Date _____

Check one for each eye:

Left: ❑ Pass ❑ Fail

Right: ❑ Pass ❑ Fail

Comments:

_____

_____

_____

Child missed screening due to:

❑ Absent
❑ Parent permission denied
❑ Child non-cooperative
❑ Enrollment after screening

_____
Signature of Screener

_____
Date

HEARING

Date _____

Check one for each ear:

Left: ❑ Pass ❑ Fail

Right: ❑ Pass ❑ Fail

Comments:

_____

_____

_____

Child missed screening due to:

❑ Absent
❑ Parent permission denied
❑ Child non-cooperative
❑ Enrollment after screening

_____
Signature of Screener

_____
Date

DENTAL

Date _____

Results:

___ Should see a dentist

___ Normal exam/no concerns

Additional Notes:

_____

_____

_____

Child was not screened due to:

❑ Absent
❑ Parent permission denied
❑ Child non-cooperative
❑ Enrollment after screening

_____
Signature of Screener

_____
Date

PHYSICAL

Date _____

Results:

Height: _____

Weight: _____

Body Mass Index (BMI): _____

Blood Pressure: _____

Concerns/Recommendations:

_____

Child missed screening due to:

❑ Absent
❑ Parent permission denied
❑ Child non-cooperative
❑ Enrollment after screening

_____
Signature of Screener

_____
Date

ALABAMA DEPARTMENT OF Early Childhood Education